

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.05146810

Gross Claim	\$	2,661,533.82
State Hospital Offset	\$	306,513.43
Managed Care Offset 11-22-10 to 12-13-10	\$	111,715.65
	\$	0.00
Net Claim / Payment Amount	\$	2,243,304.74
YTD Amount:	\$	9,662,509.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00020408

Gross Claim	\$	10,553.45
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,553.45
YTD Amount:	\$	45,323.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00074727

Gross Claim	\$	38,643.05
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	38,643.05
YTD Amount:	\$	165,850.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00636453

Gross Claim	\$	329,124.48
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	31,136.81
	\$	0.00
Net Claim / Payment Amount	\$	297,987.67
YTD Amount:	\$	1,294,200.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00089494

Gross Claim	\$	46,279.41
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	11,392.50
	\$	0.00
Net Claim / Payment Amount	\$	34,886.91
YTD Amount:	\$	180,500.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00072437

Gross Claim	\$	37,458.84
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	37,458.84
YTD Amount:	\$	160,868.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 1000103A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected:	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.02526526

Gross Claim	\$	1,306,524.70
State Hospital Offset	\$	187,817.00
Managed Care Offset 11-22-10 to 12-13-10	\$	115,614.98
	\$	0.00
Net Claim / Payment Amount	\$	1,003,092.72
YTD Amount:	\$	4,524,228.05

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00098006

Gross Claim	\$	50,681.16
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	8,916.00
	\$	0.00
Net Claim / Payment Amount	\$	41,765.16
YTD Amount:	\$	208,434.20

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00318496

Gross Claim	\$	164,701.61
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	164,701.61
YTD Amount:	\$	705,601.28

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.02613026

Gross Claim	\$	1,351,255.84
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	329,980.21
	\$	0.00
Net Claim / Payment Amount	\$	1,021,275.63
YTD Amount:	\$	4,287,255.66

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00092326

Gross Claim	\$	47,743.90
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	47,743.90
YTD Amount:	\$	181,633.02

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00507105

Gross Claim	\$	262,235.66
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	262,235.66
YTD Amount:	\$	1,122,909.03

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00428253

Gross Claim	\$	221,459.48
State Hospital Offset	\$	46,492.07
Managed Care Offset 11-22-10 to 12-13-10	\$	2,640.31
	\$	0.00
Net Claim / Payment Amount	\$	172,327.10
YTD Amount:	\$	696,360.23

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00102684

Gross Claim	\$	53,100.26
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	53,100.26
YTD Amount:	\$	225,956.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 12/27/2010

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01837808

Gross Claim	\$	950,372.78
State Hospital Offset	\$	19,458.10
Managed Care Offset 11-22-10 to 12-13-10	\$	49,563.73
	\$	0.00
Net Claim / Payment Amount	\$	881,350.95
YTD Amount:	\$	3,692,722.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00338816

Gross Claim	\$	175,209.55
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	16,248.00
	\$	0.00
Net Claim / Payment Amount	\$	158,961.55
YTD Amount:	\$	640,466.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00194232

Gross Claim	\$	100,441.83
State Hospital Offset	\$	34,565.20
Managed Care Offset 11-22-10 to 12-13-10	\$	37,963.77
	\$	0.00
Net Claim / Payment Amount	\$	27,912.86
YTD Amount:	\$	234,813.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00097320

Gross Claim	\$	50,326.41
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	50,326.41
YTD Amount:	\$	202,688.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.30583259

Gross Claim	\$	15,815,306.61
State Hospital Offset	\$	2,944,497.01
Managed Care Offset 11-22-10 to 12-13-10	\$	2,719,927.98
	\$	0.00
Net Claim / Payment Amount	\$	10,150,881.62
YTD Amount:	\$	43,798,939.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00294844

Gross Claim	\$	152,470.61
State Hospital Offset	\$	15,497.35
Managed Care Offset 11-22-10 to 12-13-10	\$	13,575.52
	\$	0.00
Net Claim / Payment Amount	\$	123,397.74
YTD Amount:	\$	527,146.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01093908

Gross Claim	\$	565,684.99
State Hospital Offset	\$	43,776.72
Managed Care Offset 11-22-10 to 12-13-10	\$	8,171.52
	\$	0.00
Net Claim / Payment Amount	\$	513,736.75
YTD Amount:	\$	2,069,133.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00055905

Gross Claim	\$	28,909.76
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	3,432.51
	\$	0.00
Net Claim / Payment Amount	\$	25,477.25
YTD Amount:	\$	112,043.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00339825

Gross Claim	\$	175,731.32
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	1,420.00
	\$	0.00
Net Claim / Payment Amount	\$	174,311.32
YTD Amount:	\$	624,189.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00679110

Gross Claim	\$	351,183.40
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	18,869.84
	\$	0.00
Net Claim / Payment Amount	\$	332,313.56
YTD Amount:	\$	1,461,470.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00054258

Gross Claim	\$	28,058.06
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	9,184.60
	\$	0.00
Net Claim / Payment Amount	\$	18,873.46
YTD Amount:	\$	111,311.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00042946

Gross Claim	\$	22,208.36
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	523.00
	\$	0.00
Net Claim / Payment Amount	\$	21,685.36
YTD Amount:	\$	93,646.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00954731

Gross Claim	\$	493,713.36
State Hospital Offset	\$	30,994.72
Managed Care Offset 11-22-10 to 12-13-10	\$	32,393.81
	\$	0.00
Net Claim / Payment Amount	\$	430,324.83
YTD Amount:	\$	1,788,672.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00558460

Gross Claim	\$	288,792.51
State Hospital Offset	\$	77,780.93
Managed Care Offset 11-22-10 to 12-13-10	\$	14,885.37
	\$	0.00
Net Claim / Payment Amount	\$	196,126.21
YTD Amount:	\$	876,985.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00227266

Gross Claim	\$	117,524.48
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	5,495.64
	\$	0.00
Net Claim / Payment Amount	\$	112,028.84
YTD Amount:	\$	494,007.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.05736069

Gross Claim	\$	2,966,253.20
State Hospital Offset	\$	426,730.40
Managed Care Offset 11-22-10 to 12-13-10	\$	394,648.97
	\$	0.00
Net Claim / Payment Amount	\$	2,144,873.83
YTD Amount:	\$	9,374,513.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00448968

Gross Claim	\$	232,171.68
State Hospital Offset	\$	24,756.75
Managed Care Offset 11-22-10 to 12-13-10	\$	2,728.27
	\$	0.00
Net Claim / Payment Amount	\$	204,686.66
YTD Amount:	\$	799,262.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00073844

Gross Claim	\$	38,186.43
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	38,186.43
YTD Amount:	\$	163,993.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.03161942

Gross Claim	\$	1,635,112.93
State Hospital Offset	\$	89,717.78
Managed Care Offset 11-22-10 to 12-13-10	\$	115,526.05
	\$	0.00
Net Claim / Payment Amount	\$	1,429,869.10
YTD Amount:	\$	6,041,738.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.03719600

Gross Claim	\$	1,923,490.71
State Hospital Offset	\$	272,887.28
Managed Care Offset 11-22-10 to 12-13-10	\$	140,012.35
	\$	0.00
Net Claim / Payment Amount	\$	1,510,591.08
YTD Amount:	\$	6,604,375.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00099302

Gross Claim	\$	51,351.35
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	587.00
	\$	0.00
Net Claim / Payment Amount	\$	50,764.35
YTD Amount:	\$	216,947.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.04141450

Gross Claim	\$	2,141,639.04
State Hospital Offset	\$	217,899.82
Managed Care Offset 11-22-10 to 12-13-10	\$	352,811.55
	\$	0.00
Net Claim / Payment Amount	\$	1,570,927.67
YTD Amount:	\$	6,718,408.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.06880002

Gross Claim	\$	3,557,807.27
State Hospital Offset	\$	227,307.48
Managed Care Offset 11-22-10 to 12-13-10	\$	677,657.56
	\$	0.00
Net Claim / Payment Amount	\$	2,652,842.23
YTD Amount:	\$	11,854,064.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO 98514-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.05730858

Gross Claim	\$	2,963,558.48
State Hospital Offset	\$	635,391.45
Managed Care Offset 11-22-10 to 12-13-10	\$	70,355.80
	\$	0.00
Net Claim / Payment Amount	\$	2,257,811.23
YTD Amount:	\$	10,012,442.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected:	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01837745

Gross Claim	\$	950,340.21
State Hospital Offset	\$	44,337.20
Managed Care Offset 11-22-10 to 12-13-10	\$	38,981.20
	\$	0.00
Net Claim / Payment Amount	\$	867,021.81
YTD Amount:	\$	3,797,618.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00515115

Gross Claim	\$	266,377.81
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	10,776.76
	\$	0.00
Net Claim / Payment Amount	\$	255,601.05
YTD Amount:	\$	1,095,290.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.02643391

Gross Claim	\$	1,366,958.28
State Hospital Offset	\$	77,486.78
Managed Care Offset 11-22-10 to 12-13-10	\$	16,856.25
	\$	0.00
Net Claim / Payment Amount	\$	1,272,615.25
YTD Amount:	\$	5,424,807.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00991434

Gross Claim	\$	512,693.32
State Hospital Offset	\$	6,798.93
Managed Care Offset 11-22-10 to 12-13-10	\$	20,006.24
	\$	0.00
Net Claim / Payment Amount	\$	485,888.15
YTD Amount:	\$	2,031,439.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.04686024

Gross Claim	\$	2,423,250.78
State Hospital Offset	\$	575,166.85
Managed Care Offset 11-22-10 to 12-13-10	\$	170,129.36
	\$	0.00
Net Claim / Payment Amount	\$	1,677,954.57
YTD Amount:	\$	7,475,222.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected:	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00602420

Gross Claim	\$	311,525.24
State Hospital Offset	\$	32,822.45
Managed Care Offset 11-22-10 to 12-13-10	\$	108,754.69
	\$	0.00
Net Claim / Payment Amount	\$	169,948.10
YTD Amount:	\$	862,747.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00536233

Gross Claim	\$	277,298.42
State Hospital Offset	\$	52,233.15
Managed Care Offset 11-22-10 to 12-13-10	\$	8,372.27
	\$	0.00
Net Claim / Payment Amount	\$	216,693.00
YTD Amount:	\$	1,011,553.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00028471

Gross Claim	\$	14,723.01
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	14,723.01
YTD Amount:	\$	63,228.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00141926

Gross Claim	\$	73,393.20
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	11,713.00
	\$	0.00
Net Claim / Payment Amount	\$	61,680.20
YTD Amount:	\$	255,953.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01093912

Gross Claim	\$	565,687.05
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	2,880.75
	\$	0.00
Net Claim / Payment Amount	\$	562,806.30
YTD Amount:	\$	2,352,771.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01150369

Gross Claim	\$	594,882.27
State Hospital Offset	\$	15,497.35
Managed Care Offset 11-22-10 to 12-13-10	\$	29,724.07
	\$	0.00
Net Claim / Payment Amount	\$	549,660.85
YTD Amount:	\$	2,259,881.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected:	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01168943

Gross Claim	\$	604,487.31
State Hospital Offset	\$	74,188.77
Managed Care Offset 11-22-10 to 12-13-10	\$	67,256.55
	\$	0.00
Net Claim / Payment Amount	\$	463,041.99
YTD Amount:	\$	2,085,991.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00460890

Gross Claim	\$	238,336.82
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	13,076.00
	\$	0.00
Net Claim / Payment Amount	\$	225,260.82
YTD Amount:	\$	966,121.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00209188

Gross Claim	\$	108,175.93
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	9,604.86
	\$	0.00
Net Claim / Payment Amount	\$	98,571.07
YTD Amount:	\$	412,469.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00058428

Gross Claim	\$	30,214.46
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	30,214.46
YTD Amount:	\$	129,756.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01173568

Gross Claim	\$	606,879.00
State Hospital Offset	\$	41,339.20
Managed Care Offset 11-22-10 to 12-13-10	\$	118,269.89
	\$	0.00
Net Claim / Payment Amount	\$	447,269.91
YTD Amount:	\$	1,975,395.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00129600

Gross Claim	\$	67,019.14
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	5,932.19
	\$	0.00
Net Claim / Payment Amount	\$	61,086.95
YTD Amount:	\$	250,256.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.01544085

Gross Claim	\$	798,481.87
State Hospital Offset	\$	15,497.35
Managed Care Offset 11-22-10 to 12-13-10	\$	42,965.48
	\$	0.00
Net Claim / Payment Amount	\$	740,019.04
YTD Amount:	\$	3,222,449.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00518708

Gross Claim	\$	268,235.84
State Hospital Offset	\$	46,492.07
Managed Care Offset 11-22-10 to 12-13-10	\$	19,858.27
	\$	0.00
Net Claim / Payment Amount	\$	201,885.50
YTD Amount:	\$	938,356.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00200507

Gross Claim	\$	103,686.78
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	103,686.78
YTD Amount:	\$	445,287.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000103A
PAYMENT ISSUE DATE: 12/27/2010

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$51,712,299.91	County/City Ratio:	0.00237569

Gross Claim	\$	122,852.39
State Hospital Offset	\$	0.00
Managed Care Offset 11-22-10 to 12-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	122,852.39
YTD Amount:	\$	527,595.07